

United States District Court
8544 King Street
Wilmington, Delaware 19801

Jourdean Lorah - Plaintiff
114 Walls Ave.
Wilmington, Delaware 19805

06 - 539

V.

Department of Natural Resources
And Environmental Control - Defendant
89 Kings Highway
Dover, Delaware 19901

The PMA Group- Defendant
P.O. Box 25249
Lehigh Valley, Pennsylvania 18002-5249

FILED
U.S. DISTRICT COURT
DISTRICT OF DELAWARE
2006 AUG 31 PM 3:46
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**MOTION TO CONSIDER THE GENDER DISCRIMINATION
WHICH VIOLATES THE PLAINTIFF'S RIGHTS**

Plaintiff, Jourdean Lorah respectively prays and requests that the United States District Court considers the following documents from The Department of Natural Resources and Environmental Control. The Plaintiff, Jourdean Lorah is not an eighteen year old man named Jordan Lorah (gender discrimination). The identification number, age and sex does not match the identification of Plaintiff Jourdean Lorah. The Plaintiff, Jourdean Lorah has suffered economically and physically regarding the false records of The Department of Natural Resources and Environmental Control . Plaintiff, Jourdean Lorah believes that she should be compensated for her losses.



DELAWARE DEPARTMENT OF LABOR
DIVISION OF UNEMPLOYMENT INSURANCE
GEORGETOWN LOCAL OFFICE
P.O. BOX 548
GEORGETOWN, DE 19947-0548

MAILED 2 197 112/30/03X PRSRT 1ST CLS

60-06-100
OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE \$300

JOURDEAN LORAH
RT. 5 BOX 150-318
FRANKFORD, DE 19945

J-HHSM5 19945



STATE OF DELAWARE
FIRST REPORT
OF
OCCUPATIONAL INJURY OR DISEASE

40-0600-210
LOCATION/DEPT

299400-76-21-40-2
INSURANCE POLICY NUMBER

1. EMPLOYEE: FIRST MIDDLE LAST Jordan Lorah			2. EMPLOYEE SOCIAL SECURITY NO. 6601		
3. ADDRESS - INCLUDE COUNTY AND ZIP CODE Route 5 Box 150, 318 Frankford, DE 19945, Sussex Co.			4. MALE <input checked="" type="checkbox"/> FEMALE <input type="checkbox"/>		5. EMPLOYEE TELEPHONE NUMBER (302) - 539 - 4773
6. DATE OF BIRTH 1984	7. AGE 18	8. WAGE \$ 9.50 per hour		9. WEEKLY HOURS WORKED 40	
10. OCCUPATION (REGULAR) Lifeguard		11. DIVISION REGULARLY EMPLOYED DNREC/Parks & Recreation		12. HOW LONG EMPLOYED 2 years (seasonal)	
13. EMPLOYER DEPT. OF NAURAL RESOURCES & ENVIRONMENTAL CONRTOL				14. PERSON MAKING OUT THIS REPORT Bonnie Korstange	
15. ADDRESS - INCLUDE COUNTY AND ZIP CODE 89 Kings Highway, Kent County, DE 19901				16. EMPLOYER TELEPHONE NUMBER (302) - 739-5823	
17. MAILING ADDRESS - IF DIFFERENT FROM ABOVE N/A				18. NATURE OF BUSINESS STATE GOVERNMENT	
19. DATE OF REPORT 06/30/2003	19. DATE OF INJURY AND TIME 06/29/2003 4:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	21. NORMAL STARTING TIME 9:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	22. IF EMPLOYEE BACK TO WORK GIVE DATE 06/30/2003	23. AT SAME WAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
24. IF FATAL INJURY, GIVE DATE OF DEATH / /		24. DATE EMPLOYER KNEW OF INJURY 06/30/2003	26. DATE DISABILITY BEGAN / /	27. LAST FULL DAY PAID - DATE / /	
28. DESCRIBE THE INJURY/ILLNESS AND PART OF BODY AFFECTED. Injured right hand					
29. SPECIFY THE DEPARTMENT WHERE INCIDENT OCCURRED AND THE WORK PROCESS INVOLVED. Cape Henlopen State Park					
30. LIST THE EQUIPMENT, MATERIALS, AND CHEMICALS EMPLOYEE WAS USING WHEN THE INCIDENT OCCURRED, E.G. ACETYLENE. None					
31. DESCRIBE THE EMPLOYEE'S ACTIVITY AT THE TIME OF INJURY OR ILLNESS, I.E. Working out - diving into water					
32. DESCRIBE HOW THE INJURY/ILLNESS OCCURRED. While diving into water, employee jammed right hand into sand.					
33. NAME OF PHYSICIAN None listed at this time			34. PHYSICIAN'S ADDRESS		
35. HOSPITAL (IF APPLICABLE)			36. HOSPITAL ADDRESS		
WORKER'S COMPENSATION INSURANCE COMPAYN AND COMPLETE ADDRESS (PREPRINT OR STAMP INCLUDE IAB CODE) 37. (THIS SECTION MUST BE COMPLETED IN ORDER TO PROCESS)					
PMA MANAGEMENT CORP. P.O. BOX 25248 LEHIGH VALLEY, PA 18002					
I.A.B. CODE 40			POLICY NO. 7621402		

Bonnie Korstange 7/8/03
SIGNATURE OF PERSON IN 14 ABOVE

H.R. Technician
OFFICIAL POSITION



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
89 KINGS HIGHWAY
DOVER, DELAWARE 19901

HUMAN RESOURCES OFFICE

TELEPHONE: (302) 739-5823
FAX: (302) 739-7571

TO: Jordan Lorah
FROM: Bonnie Korstange
DATE: July 8, 2003
RE: Workers' Compensation Procedure Letter

**PLEASE NOTIFY YOUR MEDICAL PROVIDER. ALL BILLS AND/OR SERVICES
AND SUPPLIES PERTAINING TO AN INJURY MUST BE SENT DIRECTLY TO:**

**THE PMA GROUP
P. O. BOX 25249
Lehigh Valley, PA 18002-5249**

1. In the event of an on-the-job injury, it is **mandatory** that your supervisor submit **signed originals** of "Employer's Report of Occupational Injury or Disease" and "DNREC Workers' Compensation Investigation Form", to the Human Resource Office within **two** working days for processing the Worker's Compensation Claim. The Department is responsible for reporting claims to the Workers' Compensation carrier within ten (10) days or is subject to fines. Supervisors have the authority and responsibility to ensure compliance.
2. If you are instructed to remain off work, you and your Supervisor are to contact the Human Resource Office **immediately** to let us know the diagnosis, how long you will be out of work and the name and address of the treating physician. The **original** doctor's note must be sent to the Human Resource Office after each doctor's appointment.
3. Your timekeeper will provide your work schedule to the Human Resource office to determine the amount of compensation due you.
4. When your claim is approved, the Department will pay 1/3 and Workers' Compensation will pay 2/3 of your pay equal to your anticipated earnings for up to three (3) months or your seasonal position ends, whichever comes first.

It's Good Being First!

DELAWARE WAGE SCHEDULE

Claim No. : Adjuster No.:

Injured Worker: **Jordan Lorah** SS#: **1 5601**

In order to calculate employee's compensation rate, in accordance with Section 2302 of the Delaware Workers' Compensation Act, the information below must be provided.

If the rate of wages is fixed by the day or hour, his weekly wages shall be taken to be the rate times the number of days or hours in an average work week of his employer at the time of the injury.

Daily Rate

OR: **\$9.50 Per hour**Number of Days/Hours in Average Work Week: **Varies**

If the rate of employee's wage are fixed by the output of the employee, then his weekly wage is taken to be his average weekly earnings for so much of the preceding six months as he has worked for the same employer. If because of exceptional causes such method of computation does not ascertain fairly the earnings of an employee, then the weekly wage shall be based on the average earnings for six months of an average employee of the same or most similar employment.

Note: When no valuation is fixed on board and lodging by the parties in the contract of hire or at the time of hiring, the valuation for the purpose of computing compensation shall be established as follows:

(1) For board - \$3.00 per day, regardless whether this applies to 1, 2, 04
3 meals per day;

(2) For lodging - \$3.00 per day or night.

Therefore, these amount must be added to the above weekly wages if the employee receives board and lodging which is not specified in the employment contract.

Weekly Wage (as calculated above): _____

Board + _____

Lodging + _____

Total/New Weekly Wage _____



July 15, 2003

JORDAN LORAH
ROUTE 5 BOX 150-318
FRANKFORD DE 19945

Dear JORDAN LORAH

We at The PMA Management Corp are in receipt of a Workers' Compensation claim submitted by your employer. In order to speed the processing of your claim, we ask that you sign and return the enclosed Medical Authorization form and provide your health professionals with your assigned claim number.

Client: STATE OF DELAWARE
Date of Accident: 06/29/03
Claim Number: W8903-43819
Policy/Contract Number: 290200-7621402
Social Security Number: -6601

Please refer to your assigned claim number in all correspondence. Please mail your Medical Authorization, any medical bills or medical reports to:

PMA Corporate Processing Center
PO Box 25249
Lehigh Valley, PA 18002-5249

Please note that the Delaware law requires notification that the statute of limitations for Workers' Compensation claims is two years. If the claim has been accepted as compensable and payments (medical or indemnity made to the employee, the statute of limitations is five years from the date of last payment.

To contact us, please write to us at the above address or call us toll free at 1-888-4PMA-NOW (1-888-476-2669) and have your claim number ready.

Sincerely,

The PMA Management Corp

Any person who knowingly, and with intent to injure, defraud or deceive any insurer, file a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

MO-C

State of Delaware
Department of Labor
Division of Unemployment Insurance



Notice of
Determination
UC-409

Claimant JOURDEAN S. LORAH

Address 114 WALLS AV

WILMINGTON, DE 19805

SS Number: 1 1460

Local Office: 2

Fund Code: 10

Claim Date: 10/09/2005

Date of AC: / /

Case Number: 238636

Delivered by Mail

Redet: No

Count: Yes

Findings of Fact:

The claimant filed for benefits and indicated she was permanently laid off with severance. She was paid accordingly. The employer submitted subsequent information indicating the claimant was discharged, "not suitable for position." However it was learned, in a phone interview with the employer, there was no misconduct on the claimant's part.

In a discharge case, the burden of proof is with the employer to prove the claimant was discharged with just cause. Just cause for discharge refers to a willful or wanton act in violation of either the employer's interest or of the employee's duties or of the employee's expected standard of conduct. The employer has not met this burden. The claimant is eligible as she was discharged without just cause in connection with the work.

Title 19 of Delaware Code 3314(2)

An individual shall be disqualified for benefits: For the week in which he was discharged from his work for just cause in connection with his work and for each week thereafter until he has been employed in each of 4 subsequent weeks (whether or not consecutive) and has earned wages in covered employment equal to not less than 4 times the weekly benefit amount.

Determination:

You were discharged by your employer without just cause in connection with the work. Therefore, you are not disqualified from receiving unemployment insurance benefits pursuant to Section 3314(2), Title 19, Delaware Code and will be eligible to receive benefits for each week of unemployment insurance benefits claimed for which the division determines you meet the eligibility requirements of Section 3315, Title 19, Delaware Code. The division shall issue a determination for any week(s) of unemployment insurance benefits claimed for which you are subsequently deemed ineligible to receive benefits.

Claims Deputy Signature:

Date: 11/03/2005

If you disagree with this determination, you should ask the Claims Deputy for an explanation. If you are not satisfied with the explanation, you may file an appeal.

Claimant and Employer Appeal Rights

This determination becomes final on 11/13/2005 unless a written appeal is filed. Your appeal must be received or postmarked on or before the date indicated. If the last date to file an appeal falls on a Saturday, Sunday or Legal Holiday, the appeal will be acceptable the next business day.

If you file an appeal and are still unemployed, you must continue to file weekly claim pay authorization forms with the local office, as instructed, until you receive a final decision.

Employer HILLCREST ASSOCIATES

Name and ATTN: PERSONNELL

Address 1760 FLINT HILL RD

LANDENBERG, PA 19050

Your employer account will not be charged on this claim benefit year, but may be subject to a charge in a subsequent claim benefit year.

ORTHOPEDIC SPECIALISTS, P.A.
ANDREW J. GELMAN, D.O.
MOHAMMAD KAMALI, M.D.
JOSEPH MESA, M.D.
DOUGLAS PALMA, M.D.
J. DOUGLAS PATTERSON, M.D.
MICHAEL DOWD, PA-C
CRAIG KATZ, PA-C
1096 OLD CHURCHMAN'S ROAD
NEWARK, DE 19713-2102

(302) 655-9494

DEA # _____

LIC. # _____

NAME Lorah Ann Cowden AGE _____

ADDRESS _____ DATE 11/30/05

Rx ILLEGAL IF NOT SAFETY BLUE BACKGROUND

R (1) lateral x-ray

- ① ultrasound
- ② tenderness of posterior activity 2-3/4 in 4 weeks

Refill _____ times
③ stretch ④ strengthen once stretch

Substitution Permitted

IN ORDER FOR A BRAND NAME PRODUCT TO BE DISPENSED, THE PRESCRIBER MUST HAND WRITE 'BRAND NECESSARY' OR 'BRAND MEDICALLY NECESSARY' IN THE SPACE BELOW.

J. Douglas Patterson

5GOS0290866

AO FORM 85 RECEIPT (REV. 9/04)

United States District Court for the District of Delaware

Civil Action No. _____

06 - 539

ACKNOWLEDGMENT
OF RECEIPT FOR AO FORM 85

NOTICE OF AVAILABILITY OF A
UNITED STATES MAGISTRATE JUDGE
TO EXERCISE JURISDICTION

I HEREBY ACKNOWLEDGE RECEIPT OF 2 COPIES OF AO FORM 85.

8-31-06
(Date forms issued)

Jourdean Lora
(Signature of Party or their Representative)

JOURDEAN LORAH
(Printed name of Party or their Representative)

Note: Completed receipt will be filed in the Civil Action

JS 44 (Rev. 11/04)

CIVIL COVER SHEET

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I. (a) PLAINTIFFS <u>LOURDEAN LORAH</u> (b) County of Residence of First Listed Plaintiff <u>NEW CASTLE</u> (EXCEPT IN U.S. PLAINTIFF CASES) <u>COUNTY</u> (c) Attorney's (Firm Name, Address, and Telephone Number)	DEFENDANTS <u>DEPT. OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL</u> <u>PMA GROUP</u> County of Residence of First Listed Defendant <u>SUSSEX</u> (IN U.S. PLAINTIFF CASES ONLY) NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE LAND INVOLVED. Attorneys (If Known)
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II. BASIS OF JURISDICTION (Place an "X" in One Box Only) <input type="checkbox"/> 1 U.S. Government Plaintiff <input checked="" type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party) <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant) (For Diversity Cases Only) <table style="width: 100%;"> <tr> <td style="width: 33%;">Citizen of This State</td> <td style="width: 33%;">PTF <input checked="" type="checkbox"/> 1 DEF <input type="checkbox"/> 1</td> <td style="width: 33%;">Incorporated or Principal Place of Business In This State</td> <td style="width: 33%;">PTF <input type="checkbox"/> 4 DEF <input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td>PTF <input type="checkbox"/> 2 DEF <input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business In Another State</td> <td>PTF <input type="checkbox"/> 5 DEF <input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td>PTF <input type="checkbox"/> 3 DEF <input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td>PTF <input type="checkbox"/> 6 DEF <input type="checkbox"/> 6</td> </tr> </table>	Citizen of This State	PTF <input checked="" type="checkbox"/> 1 DEF <input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	PTF <input type="checkbox"/> 4 DEF <input type="checkbox"/> 4	Citizen of Another State	PTF <input type="checkbox"/> 2 DEF <input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	PTF <input type="checkbox"/> 5 DEF <input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	PTF <input type="checkbox"/> 3 DEF <input type="checkbox"/> 3	Foreign Nation	PTF <input type="checkbox"/> 6 DEF <input type="checkbox"/> 6
Citizen of This State	PTF <input checked="" type="checkbox"/> 1 DEF <input type="checkbox"/> 1	Incorporated or Principal Place of Business In This State	PTF <input type="checkbox"/> 4 DEF <input type="checkbox"/> 4										
Citizen of Another State	PTF <input type="checkbox"/> 2 DEF <input type="checkbox"/> 2	Incorporated and Principal Place of Business In Another State	PTF <input type="checkbox"/> 5 DEF <input type="checkbox"/> 5										
Citizen or Subject of a Foreign Country	PTF <input type="checkbox"/> 3 DEF <input type="checkbox"/> 3	Foreign Nation	PTF <input type="checkbox"/> 6 DEF <input type="checkbox"/> 6										

IV. NATURE OF SUIT (Place an "X" in One Box Only)	
CONTRACT <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	TORTS PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input checked="" type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition
FORFEITURE/PENALTY <input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input checked="" type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	BANKRUPTCY <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609
OTHER STATUTES <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes	

V. ORIGIN (Place an "X" in One Box Only)													
<input checked="" type="checkbox"/> 1	Original Proceeding	<input type="checkbox"/> 2	Removed from State Court	<input type="checkbox"/> 3	Remanded from Appellate Court	<input type="checkbox"/> 4	Reinstated or Reopened	<input type="checkbox"/> 5	Transferred from another district (specify)	<input type="checkbox"/> 6	Multidistrict Litigation	<input type="checkbox"/> 7	Appeal to District Judge from Magistrate Judgment

VI. CAUSE OF ACTION	Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity): <u>18 USC 1026</u> Brief description of cause: <u>GENDER, SEX AND AGE - I AM NOT JORDAN LORAH. I AM NOT AN EIGHTEEN YEAR OLD MAN.</u>
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VII. REQUESTED IN COMPLAINT:	<input type="checkbox"/> CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23	DEMAND \$ _____ CHECK YES only if demanded in complaint: JURY DEMAND: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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VIII. RELATED CASE(S) IF ANY	(See instructions): JUDGE _____	DOCKET NUMBER _____
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DATE <u>SEPT. 1, 2006</u>	SIGNATURE OF ATTORNEY OF RECORD <u>Jordean LORAH - PRO SE</u>
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FOR OFFICE USE ONLY			
RECEIPT # _____	AMOUNT _____	APPLYING IFP _____	JUDGE _____ MAG. JUDGE _____